

Southwest Animal Clinic

PATIENT/CLIENT INFORMATION

Welcome to Southwest Animal Clinic. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Your Name/Title _____ Spouse/other _____

Address _____ City _____ Zip _____

Home Telephone _____ Your Work Telephone _____

Your Email Address _____ Spouse/Other Email _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

Spouse's Cell Phone _____ Your Cell Phone _____

Your Driver's License Number _____ State _____ (if you will wish to pay by check)

Social Security Number _____

In case of EMERGENCY, please call _____ @ Telephone _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign ____ Direct Mail Brochure ____ Yellow Pages Ad ____ Newspaper ____ Person ____

Referred by (Name of Person to Thank) _____

How do you consider your pet? As part of your family ____ Just a pet ____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

*We accept cash, checks drawn from a local bank, debit cards, VISA, M/C, Am. Express and Discover Card.
We charge \$20. fee for returned checks.*

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____

Please List Individual Pet Information On The Back Of This Form ►

Pet Information

Pet's Name _____ Age _____ Date of Birth _____

Dog or Cat (Circle one) Male or Female (Circle one) Intact, Spayed or Neutered (Circle one)

Breed _____ Description / Color _____

Microchip # _____

Vaccinations Received (Dog) DHLPP Parvo Corona Bordatella Lyme Rabies

(Cat) FVRCP Feline Leukemia FIV FIP Rabies

Previous Surgeries _____

Previous Illnesses _____

Allergies / Drug Reactions _____

Current Medications _____

Special Diet _____

Previous Hospital / Veterinarian _____

Other Information _____

Please tell us of any other information we should have to best assist you and your pets.